

NATIONAL Assessment Centre Services. (Unit 1 of 100)

MAIA118158398

Date In: 07/12/2018 15:55	Job description	Date & Time Completed	Done by
Ref No: NBA/21802205814	SAS e-illing		
Veh No: SX 7039A	E-mail (within 3hrs, A/C 3hrs)		
P.O.A: 30/11/2018 18:30	E-Motor Claim Form		
OD: TPV Reporting Only	E-Motor W/O (within 3hrs, TP 3hrs)		
	E-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: (Fax: (
TP Particulars: Yell No: SV 1669E	INC () / Non-INC ()	
Owner / Driver: (Tel: (
Policy No: (Period: (Cover Type: (
Confirmed by: (Date: (Time: (
Insured/Driver Liability: (% (Note: BSL Status (WO): N: 0-20%; P: 21-79%; P: 80-100%)	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Rem: () Walk-In Customer: Customers Information strictly Confidential & Strictly NO refer of repeller.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () : Invoice: YES () / NO () : Towing Co: ()

Remarks: () UNP () Line 6788 0016	Date Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo (Repair Cost > \$3000) ()		

Injury: ()	
Date Time	Action

ND1808016

Document Particulars:	Invoice Preparation Charge:	Amount	Unit
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)		
Assessed Portion:	3) TP: Towing Fee \$40/\$45		
	4) FT: Follow Through Survey \$130		
	5) RT: Follow Through Survey (Resurvey) \$30		
	6) TR: Re-inspection \$35		
	7) NI: IDA + SMRT Survey \$160		
	8) NTUC Additional Services		
	9) QD: ()		
C. Checked by (Eng-In-Charge):	10) NI: Courtesy Car / Tpl Allowance \$5		
	11) NI: Repair Coordination \$10		
	12) NI: Post Repair Inspection \$35		
	13) NI: DY / Collision Unass Coordination \$5		
	14) TP (NI) / TP (Non INC) against INC \$20		
	15) NI: IDA Photo \$10		
	Invoice dated	Not Charged	
	Invoice dated	Not Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	07/12/2018 15:55
Date Of Accident	30/11/2018 18:30
Exact Location Of Accident	BUKIT BATOK ROAD BY LAMPOST NO. 131
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX7039A
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	JANEANDYBARNETT@HOTMAIL.CO.UK
Mobile Phone No	(LOCAL) +65-86955214
Alternative Phone No	OFFICE-86955214

Vehicle Particulars

Manufacturer	BMW
Model	520I
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING HOME FROM SCHOOL SWIM COMPETITION
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V00033/VPZ/R03
Cover Note Number	

Driver

Name of Driver	BARNETT JANE
NRIC No	G3472656L
Date Of Birth	12/05/1970
Occupation	INDOOR
Date Of Driving Pass	05/11/1987
Driving Experience	31 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-86955214
Fax Number	
Contact Number	OTHERS-86955214
Email Address	JANEANDYBARNETT@HOTMAIL.CO.UK

Address	18 MOUNT SINAI WALK
Postcode	276790
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : SON GENDER: : MALE
Passenger 2	NAME: : DAUGHTER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV1669E
Vehicle Make/Model/Colour	HYUNDAI I30CH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM CHEW HONG
NRIC/Passport Number	S8168759E
Contact Number	90301289
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

3

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims, (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

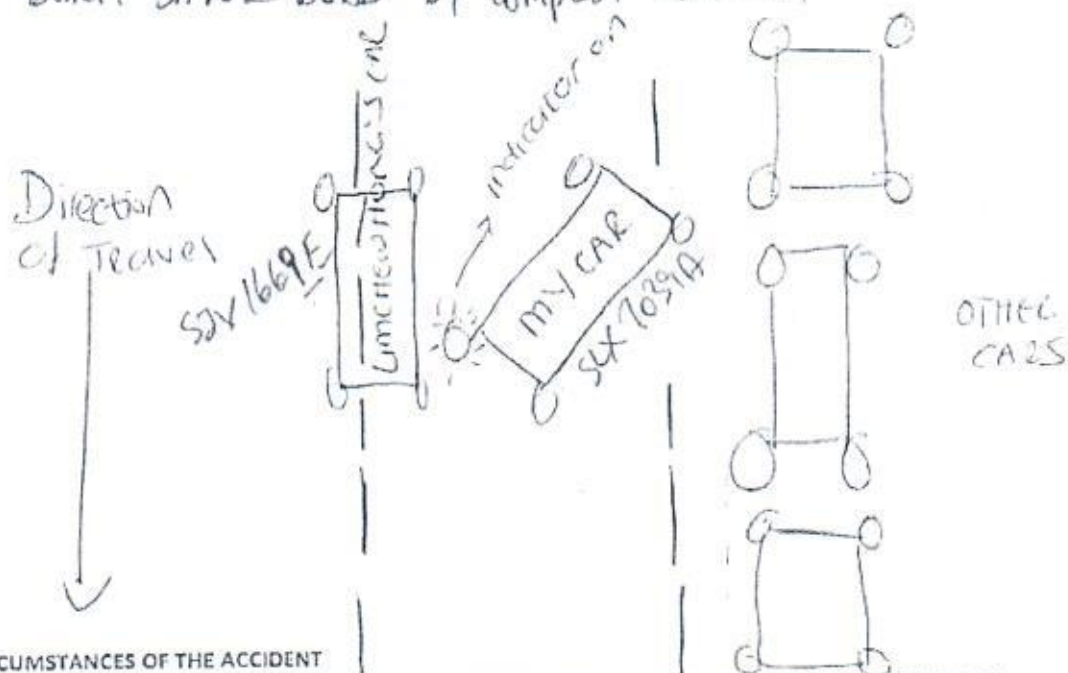
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

4.12.18 1pm

07/12/2018
Resh Loo/B

BUKIT BATOK ROAD BY LAMPPOST NO: 131

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS INDICATING / SIGNALLING AND WAS ALREADY 90% PULLED OVER INTO THE NEW LANE WHEN THE OTHER DRIVER HIT THE FRONT DRIVER SIDE OF MY CAR. THE OTHER DRIVER WAS NOT CLEARLY IN ONE LANE OR THE OTHER. SHE APPEARED TO BE IN BETWEEN 2 LANES



We declare the foregoing particulars are true in every respect.

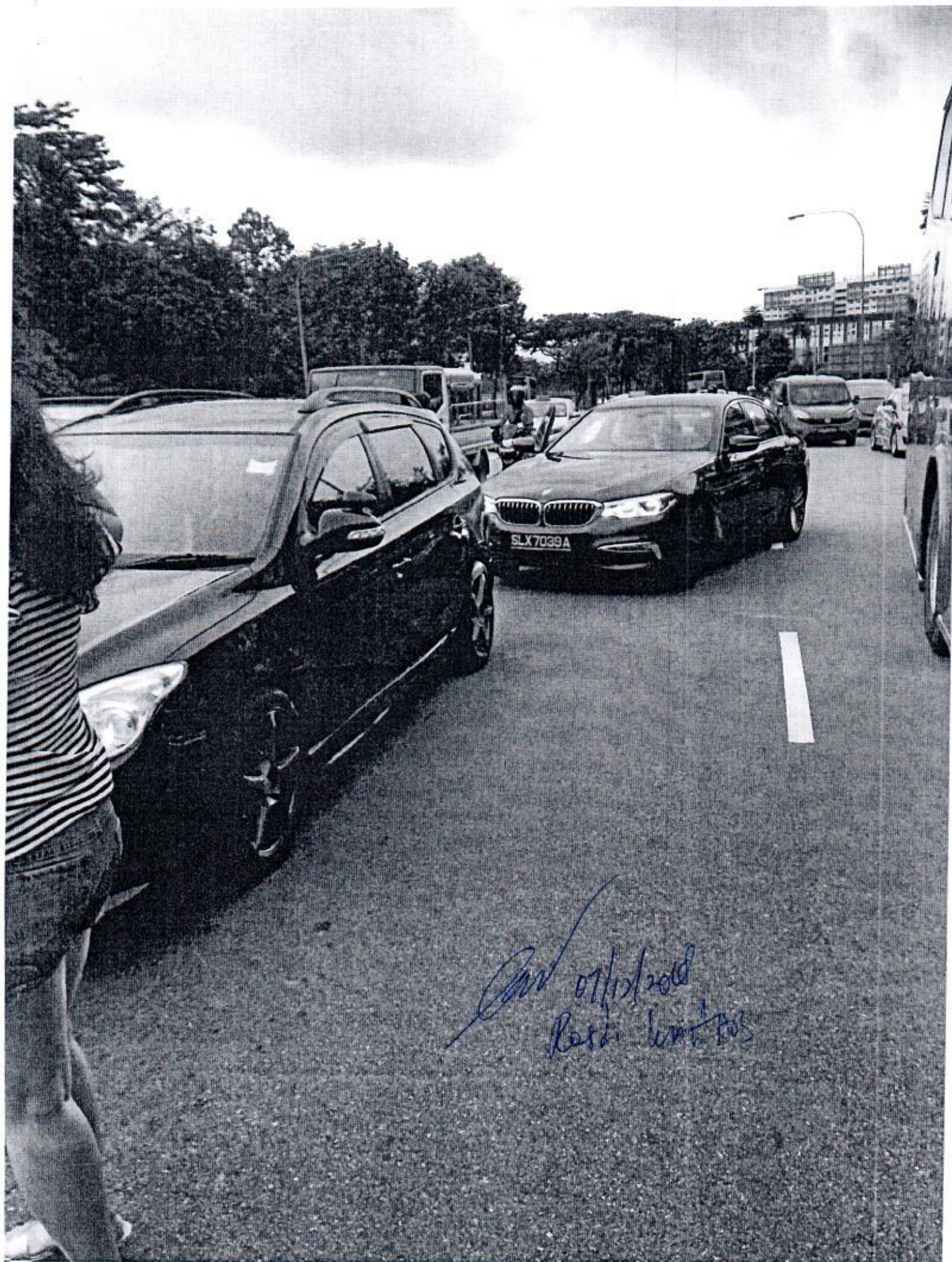
Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

07/12/2018

Rahmawati B



Car 07/12/2018
Rashid Khan

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this form to the Authorised Reporting Centre ("ARC") for e-filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
5. The insurance and acceptance of this Form by insurance companies is not an admission of the policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident	Date: 30.11.18	Time: 6.30pm
Exact Location of Accident	BUKIT BATOK ROAD, BY LAMPPOST N°31	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLX7039A	
INSURED / POLICYHOLDER (OWN VEHICLE)		
Name of Registered Owner (See Insurance Cert.)	GOLDBELL CAR RENTAL PTE LTD	
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number	G3472656L	
- Not Applicable		
VEHICLE PARTICULARS (OWN VEHICLE)		
Vehicle Make / Model	Manufacturer: BMW	Model: 5 SERIES SALOON
Type of Vehicle	<input checked="" type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others _____	
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING HOME FROM SCHOOL SWIM COMPETITION	
Are you claiming under own insurance policy for repair to your vehicle?	<input type="radio"/> Yes <input type="radio"/> No (If No, Pls select <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting)	
INSURANCE COMPANY (OWN VEHICLE)		
Name of Insurance Company	LIBERTY INSURANCE	
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only	
Fleet Policy	<input type="radio"/> Yes <input type="radio"/> No	
Policy Number		
Motor CI		
DRIVER	<input type="radio"/> Same as Insured above	
Name of Driver	JANE BARNETT	
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number	G3472656L	
Date of Birth	12 /dd 05 /mm 1970 /yy	
Driving Date Pass	/dd /mm 1987 /yy	
Year of Driving Experience	31 Year(s) Month(s) Month(s)	
Occupation	Housewife <input type="radio"/> Indoor <input type="radio"/> Outdoor	
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female	
Contact Number / Mobile Phone / Fax No.	8455214	

Address of Driver	18 MOUNT SINAI WALK SINGAPORE 276790		
Email Address	janeandymbarnett@hotmail.co.uk		
Was Driver An Employee of the Insured's Company?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured			
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes	<input type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)			
Insurance Company of Driver's Own Vehicle (if applicable)			
GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision (Eg. Chain Collision, Head-On Collision, Side Swipe, Front to Rear)	DRIVER SIDE FRONT		
Weather Conditions	<input checked="" type="radio"/> Clear	<input type="radio"/> Raining	<input type="radio"/> Others _____
Road Surface	<input checked="" type="radio"/> Dry	<input type="radio"/> Wet	<input type="radio"/> Others _____
OTHER INFORMATION			
a. Was anybody injured in the accident?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
b. Was any other vehicle or property damaged? (Including Witness)	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
1 Boy 1 Girl			
DETAILS OF POLICE ACTION			
Was the Accident reported to the Police?	<input type="radio"/> Yes	<input checked="" type="radio"/> No (if Yes, please state which Police Station.)	
Police Station Name			
Police Station Address			
Police Station Contact	Tel No.	Fax No.	
Was notice of Intended Prosecution given?	<input type="radio"/> Yes	<input checked="" type="radio"/> No (if Yes, against whom?)	
DETAILS OF OTHER VEHICLE / PROPERTY 1			
Vehicle Registration Number	SVV 1669E		
Vehicle Make/ Model/ Colour	HYUNDAI I30CH BLACK		
Details of Properties			
Name of Driver	LIM CHEW HONG		
Personal Identification - NRIC (Singaporean/PR)	S8168759E		
- FIN/Passport Number			
Contact Number	90301289		
Vehicle Make/ Model/ Colour			
Address of Driver			
Name of Insurance Company			
No. of Passenger (Including Driver)	3 ADULT		
(Note - Please use page 6 if you need to add more vehicles)			

REPUBLIC OF SINGAPORE
FIN G3472656L



Name
BARNETT JANE

Date of Birth
12-05-1970

Sex
F

Nationality
BRITISH

72656



香港特別行政區駕駛執照
HONG KONG SPECIAL ADMINISTRATIVE REGION
DRIVING LICENCE

M524669 0

BARNETT, JANE

正式執照
Full Classes

1 2

有效期至 Valid to
17/03/2026

學習執照
Learner's Classes

暫准執照
Probationary Classes

限制事項代號
Restrictions

執照 Ref.
DIA33-0009-180316

GA0047403

15-08-2018

DEPENDANT'S PASS

Immigration Regulations



Download SGWorkPass
App to check status



FIN G3472656L



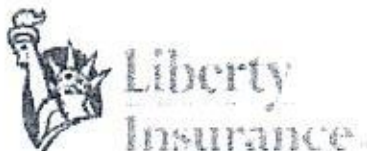
YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

車輛類別代號 Vehicle Classification Codes

1 私家車	Private Car	16 政府車輛	Government Vehicle
2 輕型貨車	Light Goods Vehicle	17 專利公共巴士	Public Bus - Franchised
3 電單車	Motor Cycle	18 中型貨車	Medium Goods Vehicle
4 私家小巴	Private Light Bus	19 重型貨車	Heavy Goods Vehicle
5 公共小巴	Public Light Bus	20 掛接式車輛	Articulated Vehicle
6 的士	Taxi	21 特別用途車輛	Special Purpose Vehicle
9 私家巴士	Private Bus	22 機動三輪車	Motor Tricycle
10 公共巴士	Public Bus	A 裝有自動傳動系統之車輛	Class/Type of vehicle with automatic transmission
15 無牌車輛	Invalid Carriage		

限制事項代號 Restriction Codes

- 1 遠視眼鏡 Corrective Lenses 2 助聽器 Hearing Aids 9 其他 Other(s)
- 除學習執照外，此執照有效期間滿後超過三年不得續領。
Except for learner's classes, this licence is not renewable after three years from its expiry.
- 如有更改地址、姓名或身分證明文件，須於七十二小時內通知。
Any change of address, name or identity document must be reported within 72 hours.



Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 Fax: (65) 6225 6890
Website: <http://www.libertyinsurance.com.sg>


CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No	SD18V00033 /VPZ /R03
Form	MZ406
Date Of Issue	18-MAY-2018
1.Index Mark and Registration No. of Vehicle:	SLX7039A
2.Chassis number of Vehicle:	WBAJA12040BJ18803
3.Name of Policyholder:	GOLDBELL CAR RENTAL PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	03-APR-2018 00:00 AM
5.Date of Expiry of Insurance:	31-DEC-2018 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.	
7.Limitations as to use*:	
A) Use for carriage of passengers or goods in connection with the Policyholder's business. B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.	
8.Policy does not cover:	
A) Use for racing, pace-making, reliability trial or speed-testing. B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. C) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.	
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.	
I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature	
For Information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen, Personal Accident Benefit, Airside, Uber/Grabcar Extension
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I -Singapore S\$1050 / Outside Singapore S\$1550, Additional Excess for Young & Inexperienced Drivers S\$1500, Windscreen Excess S\$100
FINANCE COMPANY:	DBS BANK LTD
PRODUCER NAME:	ACORN INTERNATIONAL NETWORK PTE LTD

PLAS/PLAS/21-MAY-18

S1_CI_T1_T3_OE_Template2-Ver1.

21-MAY-18